

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345522	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/02/2025
NAME OF PROVIDER OR SUPPLIER FLETCHER REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 86 OLD AIRPORT ROAD FLETCHER, NC 28732		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS The survey team entered the facility on 05/11/25 to conduct a recertification, revisit and complaint investigation survey and exited on 05/16/25. Additional information was obtained offsite on 06/02/25. Therefore, the exit date was changed to 06/02/25. Event ID: XZF112. Tag(s) F692 and F695 were corrected as of 06/02/25. Repeat tags were cited. New tags were also cited as a result of the recertification and complaint investigation survey that was conducted at the same time of the revisit. The facility is still out of compliance.	{F 000}			
{F 583} SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure	{F 583}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 583}	<p>Continued From page 1</p> <p>and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, visitor and staff interviews, the facility failed to protect the private health information of a resident for 1 of 1 resident reviewed for privacy (Resident #283).</p> <p>The findings included:</p> <p>Resident #283 was admitted to the facility on 4/25/25.</p> <p>Review of the 5-day Minimum Data Set assessment dated 4/30/25 revealed that Resident #283 was cognitively intact.</p> <p>A phone interview on 5/13/25 at 12:18 PM with Visitor #1 revealed that on 4/30/25 Staff Member #1 was in the hall and told Visitor #1 that Resident #283 was given the wrong medication 2 days prior. She stated that she could not recall Staff Member #1's name nor could she describe what she looked like. Visitor #1 said she had not reported the conversation to any management staff in the facility. Visitor #1 stated that she was there to see another resident and had stepped into the hallway near Staff Member #1 who told her that Resident #283 had received the wrong medication. She stated she then heard the staff at</p>	{F 583}			

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{F 583}	Continued From page 2 the nurse's station use Resident #283's name while they looked for documents and went in and out of his room. An interview on 5/16/25 at 12:33 PM with the former Director of Nursing revealed that she recalled Resident #283. She stated that a medications error had occurred on 4/28/25 for Resident #283. She stated that she was not aware that staff told a visitor about another resident's personal health information. She stated her expectation was that staff kept the personal health information of residents private. An interview on 5/16/25 at 5:38 PM with the Administrator revealed that there was a medication error for Resident #283 on 4/28/25. She stated that Staff Member #1 should not have shared that information with Visitor #1. She further revealed that her expectation was that staff would not share protected health information with visitors and that staff had recently been educated on privacy.	{F 583}			
{F 761} SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and	{F 761}			

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{F 761}	<p>Continued From page 3</p> <p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and staff interviews, the facility failed to secure an opened tube of antifungal cream for 1 of 2 residents reviewed for medication storage. (Resident #40).</p> <p>The findings included:</p> <p>Resident #40 was admitted to the facility on 04/04/22.</p> <p>The annual Minimum Data Set (MDS) assessment dated 02/20/25 coded Resident #40 with severely impaired cognition.</p> <p>A review of Resident #40's medical records revealed she had never been assessed for self-administration of medication.</p> <p>During an observation conducted on 05/12/25 at 9:40 AM, one opened tube of Miconazole nitrate cream (an over-the-counter antifungal medication used to treat fungal infections of the skin, such as athlete's foot, jock itch, and ringworm) with the concentration of 2% was left unattended on top of</p>			{F 761}			

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{F 761}	<p>Continued From page 4</p> <p>the bedside table in Resident #40's room and was ready to be used.</p> <p>An attempt to interview Resident #40 was unsuccessful. She was unable to answer questions.</p> <p>During a joint observation and subsequent interview conducted with Nurse #3 on 05/12/25 at 9:44 AM, she stated the antifungal cream should be kept in the medication cart instead of leaving unattended in Resident #40's room. She did not notice the tube of antifungal was in Resident #40's room when she did medication pass on 05/12/25 in the morning. She confirmed Resident #40 had not been assessed for self-administration of medication.</p> <p>An interview was conducted with Nurse Aide #2 (NA) on 05/25/25 at 10:38 AM. She stated she had provided care for Resident #40 in the past few weeks. She did not notice the tube of antifungal cream was left unattended on Resident #40's bedside table when she rounded her on 05/12/25 in the morning</p> <p>During an interview conducted with the Director of Nursing (DON) on 05/14/25 at 8:45 AM, she expected all the nursing staff to be more attentive to residents' room when providing care to ensure none of the medications were left unattended in the facility.</p> <p>An interview was conducted with the Administrator on 01/27/25 at 4:02 PM. She expected nursing staff to pay attention to residents' living environment when providing care. It was her expectation for the facility to remain free of unattended medications at all time.</p>	{F 761}			

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